



# Business Credit Application

This application can be used for both existing and start-up businesses. New businesses are not required to provide trade references.

Sales Representative: \_\_\_\_\_

7445 Company Drive Indianapolis, IN 46237-9296 Tel: 1-800-228-6292 Fax 317-554-8959

## BUSINESS LEGAL NAME:

Name		Phone	
Business Address		No. of Years in Business	
City	County	State	Zip
Description of Business			
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			

## GUARANTORS/OWNERS:

Name	Social Security Number	Home Phone	
Home Address	How Long?	Own or Rent?	
City	County	State	Zip
Date of Birth	Annual Personal Income		

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Name	Social Security Number	Home Phone	
Home Address	How Long?	Own or Rent?	
City	County	State	Zip
Date of Birth	Annual Personal Income		

## BUSINESS BANK REFERENCES:

Bank	Business Checking Account No.	Contact Person
Bank Phone	Date Account Opened	Average Balance

## TRADE REFERENCES:

Supplier Name	City/State	Supplier Phone	Contact Person
Supplier Name	City/State	Supplier Phone	Contact Person

## BUSINESS LANDLORD/MORTGAGE HOLDER:

Landlord Name	City/State	Landlord Phone	Contact Person
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I hereby certify that the information contained on this application is true and accurate to the best of my knowledge. For the purpose of securing lease financing, I authorize all bank and trade reference information to be released by telephone or fax to ETS, Inc. or its agents.

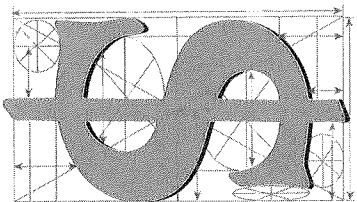
Applicant Signature(s): \_\_\_\_\_

Moisten Glue Strip, fold and seal

**Before mailing your completed business lease application to ETS, Inc., please review the following:**

1. Check that the application is fully completed and that all business owners listed have signed at the bottom.
2. Please indicate the name of the sales representative you spoke with on the line provided at the top of the application.
3. To expedite processing, you may fax the completed application to:  
(317) 554-8959.

**ETS, Inc.** will process your lease application immediately upon receipt. Please contact your sales representative for your credit decision.

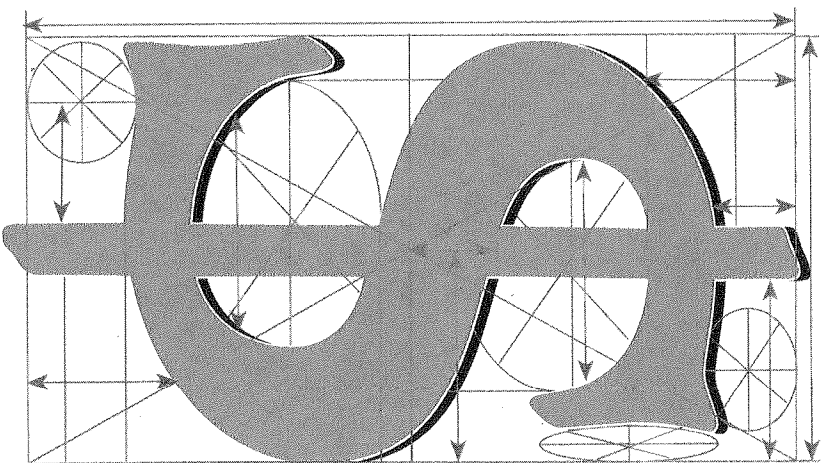


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Equipment Needs**

# LEASING

## A Sound

## Business Choice



**Phone: 1-800-228-6292**  
**Fax: 1-317-554-8959**

First-Class  
Postage  
Required

Post Office will  
not deliver  
without proper  
postage



Sales Rep. Name: \_\_\_\_\_

**ETS INC**  
**7445 COMPANY DR**  
**INDIANAPOLIS, IN 46237-9296**

